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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/570,361 05/12/2000 PAT 6,693,626 Y
 which is a CIP of 09/456,887 12/07/1999 PAT 6,211,861 Y
 and is a CIP of 09/507,539 02/18/2000 PAT 6,707,443 Y
 and claims benefit of 60/172,953 12/21/1999 Y
 and claims benefit of 60/182,868 02/16/2000 Y

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Haptic feedback using a keyboard device

FILING FEE

FEES: Authority has been given in Paper

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)